
Task Force on Community Justice and Mental Illness Early Intervention May 26, 2016 Meeting Summary

On May 26, 2016, the Task Force on Community Justice and Mental Illness Early Intervention met in Pierre for its third meeting. The group reviewed outstanding questions from the April meeting and concluded the system review by examining the probation system as it relates to people with mental illness, reviewed data from the Unified Judicial System (UJS) and county jails, received an update on stakeholder outreach, and listened to public input.

System Review Follow Up

At the April task force meeting, members reviewed how people with mental illness move through the criminal justice system in South Dakota. This meeting started with responses to questions posed at the last meeting about crisis services currently available in South Dakota:

- Where do mobile crisis teams exist?
- Which agencies have participated in crisis intervention team training?
- Where are crisis beds located?

Mobile Crisis Teams: Task force members reviewed mobile crisis team services available in Pierre and Sioux Falls, with particular focus on the model developed in Sioux Falls. The task force heard about the development of the law around crisis services, origins of the mobile crisis team program in Sioux Falls and services it provides, mobile crisis goals, and averted costs calculated by the mobile crisis provider.

Crisis Intervention Team Training: Task force members learned about the extent of crisis intervention team (CIT) training in South Dakota. Twenty-two agencies are known to

have CIT-trained staff. Those with trained staff include police departments, sheriffs' offices, corrections agencies, and 911 dispatch centers.

Crisis Beds: Crisis beds are known to be available in Minnehaha, Codington, and Pennington Counties. Task force members from those counties discussed the services provided in each. The task force also looked more in depth at a model unique to Rapid City, the Crisis Care Center, and reviewed its services and goals.

Probation: The group concluded its system review by looking at probation supervision for individuals with mental illness. Probation is administered by UJS, with Court Service Officers (CSOs) responsible for probation supervision in seven circuits. There are varying levels of supervision, from administrative and low up to intensive, which are driven by a risk and needs assessment called the Level of Service Inventory-Revised (LSI-R). There are no mental health screens or assessments conducted by CSOs, but referrals for assessments and other mental health services may be made based on results of a specific section of the LSI-R.

Based on LSI-R scores, it was estimated that two-thirds of the probation population had at least some indicator of a past or present mental health issue. A much smaller proportion (14%) of probationers had indicators of more serious mental health issues.

Probation violations are guided by a supervisory response grid, which suggests appropriate

responses to violations based on the severity of the violation and the probationer's risk level. The same grid applies to all probationers, regardless of mental health status, but CSOs have discretion on how violations are ultimately handled.

Data Analysis and Review

The task force reviewed data received from UJS and Minnehaha and Pennington Counties. Members also examined the results of a survey completed by sheriffs who operate jails in the state.

Court Data:

The task force looked at data relating to pre-adjudication and detention. Because there is no way to identify individuals in the court data who has mental illness, the task force had to use another indicator to determine possible mental illness among defendants. The proxy used for more serious mental illness in court data was a history of a mental illness commitment orders.

Defendants in just one percent of criminal cases had a commitment history. Data showed that defendants with a commitment history took longer to move through court than those without that history; were more likely to be held in jail pretrial; stayed longer in pretrial detention; were more likely to be charged with assault, entering or refusing to leave, or failure to appear; and, were more likely to have a future criminal case.

The task force next examined data on forensic examinations. The data showed that the number of forensic evaluations ordered has tripled from FY 2013 to FY 2015; additionally, the number of exams required on those orders, while lower, showed the same trend.

County Jail Data and Survey Results:

The group also heard about data from Minnehaha and Pennington County Jails. As with the court data, jail data does not contain a marker for individuals with mental illness. Accessing jail mental health service was used as a proxy in the analysis. The analysis of both counties' data showed that pretrial defendants accessing mental health services stayed longer than those who did not access these services, were more likely to have disciplinary issues, and were less likely to be released pretrial. Convicted defendants accessing mental health services stayed longer in jail and had more disciplinary issues in both counties.

South Dakota Jail Survey Results:

Members reviewed the results of the jail survey distributed to 28 jails in South Dakota. Twenty-four jails responded (86% response rate), providing information about their practices and the challenges they face in addressing the needs of individuals with mental illness. The task force learned that:

- Most jails' mental health screening consists of mental health questions asked as part of the jail intake interview;
- Screening or assessment practices after intake vary across the state;
- 621 individuals were in jail for emergency mental illness holds across 16 jails in the past year;
- Use of forced or court-ordered medication is very rare;
- There is limited mental health training provided for jail staff;
- 60% of jails report no access to contracted or staff psychiatrists;

- Most jails have no access or “as needed” access to other qualified mental health professionals; and,
- 9 of 24 jails report providing reentry services for those with mental health issues.

Stakeholder Outreach and Public Input

Task force member Greg Sattizahn, State Court Administrator, introduced the new task force website

(<https://mentalillnesscommunityjustice.sd.gov/>)

and findings from outreach to stakeholders. On the suggestion of NAMI consumers, the task force created a website that includes meeting agendas, presentations, and summaries; meeting times and locations; a list of task force members; and, a page for public comment that is compiled monthly for the task force. The task force also heard input from a stakeholder meeting with members of the South Dakota Psychological Association. Suggestions from the Association included using psychologists to conduct forensic examinations as allowed by statute, developing telemedicine and other tools to provide services in rural areas, and expanding mobile crisis team programs.

The floor was opened to public input, and one person, a psychologist, spoke to the task force. She spoke about mental illness holds, and about potential locations for crisis beds but concerns about liability related to these beds.

Next Steps

The next task force meeting is scheduled for June 14, 2016 in Sioux Falls. The meeting will feature a panel of psychiatrists discussing forensic evaluations. The task force will also review research that will guide the policy option discussions moving forward.